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CLINICAL LECTURE.

RESULT OF AN OPERATION FOR REMOVAL OF THE UTERINE APPENDAGES.—OPERATION FOR LACERATION OF THE PERINEUM.—PROLAP- SUS UTERI.¹

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Removal of Uterine Appendages.

Gentlemen: The patient I bring before you is one upon whom an abdominal operation was performed three weeks ago for the removal of the appendages of the uterus. I bring her before you to-day to show you the result. By reference to this temperature chart, you will see that for several days after the operation the temperature reached was 100.2° . After the removal of the sutures on the seventh day it reached 100.4° ; on the eleventh day it suddenly rose to 102° , afterwards rapidly came down to normal, and remained there. The removal of the sutures is often followed by rise of temperature, due to nervous irritation, or, in some cases, to the infection of the suture track in its removal. The incision healed by the first intention. The patient feels entirely well. I am particularly pleased with the result, as I was reproaching myself after the operation that I had not introduced a drainage-tube, on account of the pus-tube that was found. To obtain healing of the wound by first intention and to secure a strong cicatrix are desirable in all cases; and in order to obtain these results, the following precautions should be observed. First, use every care in regard to cleanliness or asepsis. The

antiseptics are not so acceptable in abdominal operations. Second, the aponeurosis of the rectus muscle is brought in contact with the corresponding tissue of the opposite side. Care should be exercised that the edges of the peritoneum and skin are brought in position without being everted, or inverted into the wound. Want of care in this particular will result in a weak abdominal cicatrix, which is conducive to the subsequent development of hernia. It has been claimed that hernia is more likely to occur in short abdominal wounds. This is not necessarily true, but is due to the fact that less care is oftentimes observed in closing short wounds than in longer incisions. In some cases it is better that the sutures should be introduced so that their line forms a triangle in either wall, the apex of which is in the muscular tissue. In this way the thickest portion of the newly-united tissue is its central portion, and the edges of the wound, instead of being inverted, stand up in the form of a ridge. It has also been recommended to stitch the omentum to the lower part of the abdominal wound, in order that by its presence covering the intestines, the tendency to hernia is decreased. Third, do not let the patient get up too early, while the cicatrix is still weak. The increased intra-abdominal pressure in an upright position is likely to cause stretching of the newly-united and still weak tissue, increasing the danger of hernia. The patient should not be permitted to move from her bed, or to assume a sitting position, under two weeks, or to be continuously up, under three weeks; and should wear a bandage about the abdomen for six months, during which time all violent straining and lifting should be avoided.

Operation for Laceration of the Perineum.

The next patient I bring before you is a woman forty-five years old. She has had

¹Delivered at the Philadelphia Hospital.

eight children, all of whom died in infancy. Three months ago she had an intestinal hemorrhage, since which she has not been able to control the evacuation of the bowels. Twelve years ago she sustained a tear of the perineum, upon which a primary operation was done, which did not, however, prove entirely successful. A second operation was done in this hospital, a few months ago, by my predecessor; this operation also failed, due to the fact that she had an evacuation of hard fecal matter within a few days after the operation, by which the sutures were torn loose, leaving the tissues in a worse condition than they were before the operation. It is my purpose to attempt an operation for the restoration of the perineum, and particularly to secure the function of the rectal sphincter. As a preparation for this we have administered laxatives to the patient every alternate day for the last week, and gave her a large enema this morning. By these means the intestinal track is unloaded of all hard scybalous masses. For the last two days the patient has had a diet of animal broths. Having placed the patient under the influence of an anæsthetic, she is brought down upon the table in a recumbent position, the limbs well drawn up and held by a leg-holder or crutch. Where an instrument of this kind is not at hand, a cane or umbrella with ordinary bandage will serve the same purpose. This step enables one to do with less assistance. You see the sphincter ani is much relaxed, showing that in the previous operations, the ends of the two muscles have not been brought in contact. The object of this operation will be to so complete the denudation as to expose the ends of the retracted muscles, and bring them in position. To do this, I make an incision through the perineum at the junction of the integument with the mucous membrane, and carry this incision around the vulva to about the junction of the labia minora with the labia majora. A second incision upon each side is carried from the central portion of this curve downward around the anus, to about one-half its extent. Having dissected up the flap freely, the edges are sutured, four silk-worm gut sutures are buried throughout their entire length. The serrated edges on one side, with the depressions on the other side, fit into each other, making an irregular line. The sutures are held by compressed shot.

After-treatment. The limbs of the patient will be kept tied together. She will

be kept upon an animal-broth diet; no milk must be given, for the reason that its coagulum forms hard, dense masses in the intestine, whose passage would imperil our newly-united surfaces. The patient will be given a laxative to produce a couple of watery evacuations on the third day, and this will be repeated on the seventh, before the removal of the sutures. For the whole of this time the patient will be nourished by an animal-broth diet. This plan of treatment is better than blocking up the intestines with opium for ten or twelve days, as was formerly the method; at the end of which time the rectum was crowded with hard, dense fecal matter, which required to be broken up before it could be evacuated, and even then imperilled the union which had been accomplished. The operation we have done is one which serves an excellent purpose for the form of laceration here present. It is a mistake, however, to believe that any form of plastic operation is applicable to every laceration, as in some the laceration may be as extensive as in this without involvement of the sphincter, the tearing having occurred to one side of the rectum.

Prolapsus Uteri.

The patient I now bring before you is a woman seventeen years of age, who is suffering from complete prolapsus of the uterus. She began the life of a prostitute at twelve, which naturally explains her present condition. She underwent an operation for the relief of this condition some three months ago, but as I expose the genitalia, you will notice that the whole uterus and vagina is prolapsed, and the tissues from exposure are thickened, dry, and the mucous membrane presenting an appearance similar to that of the skin.

I propose to make her the basis of a few remarks on the subject of prolapsus of the uterus. This disease is a form of hernia; and any condition which tends to weaken muscular development, such as general ill-health, arrested development, or local conditions, such as those which increase the weight of the uterus or lessen its support, or increase the intra-abdominal pressure, will render the presence of this condition probable. Under conditions affecting muscular development, may be mentioned such forms of disease as phthisis, scrofula, and the premature exercise of the genital functions. It is not surprising that in a patient who began to live the life of a prostitute at the tender

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which this girl did, and who has been
subject to want of care, should have suffered
from such a condition as is here presented.
The weight of the uterus may be increased
by any condition which causes an abnor-
mally large flow of blood to the organ, such
as the presence of growths within its walls,
sub-involution or laceration of the cervix.
Now, if we have these conditions present,
with those that have been mentioned affect-
ing the general ill-health, we can readily
understand how quickly such a condition
may be developed. This development may
result from a weakened support where lacer-
ation of the perineum or vagina has oc-
curred. Again, the pressure of growths in
the vicinity of the uterus, such as ovarian
and tubal tumors, may from their weight
cause the extrusion of the uterus.

Before discussing this subject further, it
may be well to say something of the forces
which normally retain the organ in its
proper position. Upon this subject there
has been great diversity of opinion; some
holding that the uterus rests upon the vagina
like a cork in a bottle, and so long as the
vagina retains its proper muscular power, the
uterus will be held in its normal condition.
Others again ascribe the entire support to
the uterine ligaments, and Savage directs at-
tention to the fact that the utero-sacral liga-
ments are the principal support. These liga-
ments cut, the uterus is permitted to be de-
pressed to the vulva. Again, the peritoneum
is credited with being the main support,
while some build all their hopes upon the
perineum. The truth is, that the support is
not dependent upon any one of these func-
tions alone, but upon a healthy condition of
all. In the normal position the vagina is
closed, the anterior and posterior surfaces
lying in contact. While the individual is
erect, the vagina is at an angle of sixty de-
grees to the horizon. The uterus is situated
at something more than a right angle to this
canal, so that any pressure upon the uterus
from above is directed against its posterior
surface, which is reflected against the poste-
rior surface of the vagina, and it again by the
anterior, so that the force is directed
obliquely. If, however, the organ becomes
displaced backward, and its axis is parallel
or nearly parallel to that of the vagina, the
force is now directly towards the line of exit,
and consequently the rapidity of the down-
ward displacement is increased. As the
uterus is displaced downward, its circulation
is interfered with, so that in this way it has

increased weight to facilitate its develop-
ment. This displacement of the uterus is
manifested by more or less burning and dis-
comfort in the pelvis, and interferes with the
function of the bowels and bladder, with
marked nervous manifestations. There are
three degrees of uterine prolapsus, which are
as follows: First, the organ is in the line
of the axis of the vagina and rests upon the
vulva. Second, a portion protrudes from
the vaginal canal; and in the third degree
the whole organ protrudes, and constitutes a
condition which is known as procidentia
uteri.

The treatment of prolapsus will be dis-
cussed under two heads. First, mechanical,
and second, surgical. The early authorities
regarded the different parts of the body as
independent entities, and when the displace-
ment of this organ took place, we find them
subjecting it to contact with disagreeable
bodies, such as lizards, snakes, with a view of
frightening it back into its proper position.
Soranus lectures severely some of his con-
temporaries, for having attempted to treat
this condition by suspending the patient
head downwards for twenty-four hours. Dr.
Emmet relates that a physician from the
South attending his clinic, claimed to cure
such cases among the colored people by sus-
pending them in a sling with the pelvis ele-
vated, and keeping the vagina filled with a
decoction of white oak bark, and that three
weeks of such treatment was sufficient to ef-
fect a cure. Various applications such as
tampons and pessaries, both internal and ex-
ternal, have been and are now used for the
treatment of this disease. The variety of
pessaries is only limited by the ideas of their
inventors, as each gynecologist imagines it
is his duty to invent one. Gardner, in a
paper upon the subject some years ago, men-
tions 150 varieties. These pessaries are of
two classes, those which are held within the
vagina, and those dependent upon an ex-
ternal support. In these cases of complete
prolapsus, the pessary can only act by so-
distending the vagina that the instrument
rests upon the pelvic bones, consequently it
must give rise to considerable pressure, which
will necessitate its frequent inspection. The
pessary is a foreign body, and by its pres-
ence increases the amount of secretion. The
salts from this secretion frequently coat over
the pessary, roughening its surfaces, and giv-
ing rise to irritation and ulceration of the
vagina. A case came under my notice a few
years ago, in which a pessary had been worn

for twenty-five years without removal. The irritation was so great as to lead to the belief that a malignant disease was present. The instrument for two-thirds of its extent was imbedded beneath cicatricial tissues of half an inch in thickness. Instead of cutting out the pessary I resorted to a pair of bone pliers, by which the protruding portion of the instrument was cut off, and the remaining half withdrawn from the track. The removal of the instrument resulted in a complete relief of the distressing symptoms. Pessaries are sometimes made of soft rubber, but these absorb the secretions, decompose, and give rise to an exceedingly offensive odor. A spherical or globular pessary was formerly made of silver, or when more esthetic, plated with gold. These were frequently worn for a long time. Similar pessaries have been made of glass. I remember removing one in this hospital, which had been worn for fifteen years. By its irritation and the consequent inflammation, its removal was attended with considerable difficulty. It was only accomplished by passing alternately the blades of fenestrated forceps about the instrument, and then with considerable difficulty withdrawing it. Another case in which an attempt was made for the removal of such a pessary in this house resulted in its fracture, and the fragments cut through into the bladder, giving rise to a vesico-vaginal fistula, which was especially hard to cure, as the lower part of the vagina had become greatly contracted. These instances are mentioned to impress upon you the importance of subjecting these instruments, when worn, to frequent inspection.

Another class of instruments are those in which the support is dependent upon a band about the abdomen. The instrument is exceedingly unpleasant as it gives rise to excoriation of the external parts.

We come now to the consideration of the second plan of treatment, that is, surgical. This, in all cases, is dependent upon the narrowing of the vaginal canal and vulvar orifice, in such a way as to support the structures above. Upon an examination in some cases, we find that the neck of the uterus has undergone an elongation, which is known as supra-vaginal hypertrophy or the elongation of the cervix. In these cases a portion of the cervix should be removed as a preliminary part of the operative procedure.

When we come to understand the literature of plastic operations upon the vagina,

we find a great diversity of procedure. Thus Dieffenbach recommended removing portions of the vagina by grasping it in forceps, which were permitted to remain until the tissues within their grasp sloughed off. The cicatrix resulting led to a narrowing of the vagina. Constriction of the vagina was caused in another case by passing a ligament about the canal at its upper third, tying it tightly, and permitting it to slough out. Later we find the vulva being closed by alternate gold and silver rings. Fricke recommended a denudation of the posterior part of the vulvar orifice, an operation which was severely criticised by Dewees. The objection to this operation, however, is that it does not support the uterus in the upper part of the vagina, and the heavy organ settling down on the newly-repaired tissue, soon results in its absorption. In the endeavor to still further constrict the vagina, we have the operations of Simms, Emmet and others, upon the anterior wall, and these reinforced by plastic operations upon the posterior wall. Those of Bischoff, Martin and Hegar, endeavoring to affect the upper portion of the vagina and make the support through its whole length. An operation which seemed to afford a favorable result in many cases was that of Le Fort, which consists in removing a section of tissue about four-fifths of an inch from the whole length of the anterior wall, and a similar one from the posterior wall. These were brought together by sutures in such a way that the denuded surfaces lay in contact. The resulting union formed a septum dividing the vagina into two canals. This operation, reinforced by the modification of Tracey upon the vulvar outlet, has proven very serviceable in a case upon which I operated some years ago in this institution. It is an operation, however, which is only applicable after the menopause, as such a septum would greatly complicate a subsequent parturition. An operation has been devised by Alexander for shortening the round ligaments. By this operation the uterus is placed in a position of ante-version, and the force is no longer directed upon its anterior surface. To be effective, however, it would have to be supplemented by a plastic operation upon the vagina and vulva. The abdomen has been opened, the uterus drawn upward and fastened to the anterior abdominal walls by suturing the round ligaments or the uterus itself. In the patient you have brought before you this morning, it was a question

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whether any of these operations would be permanently successful. In such cases Apostoli warmly advocates the use of electricity, urging that the uterus is sustained in its proper position by the action of muscular fibre; that any displaced position is due to a loss of muscular tone. Smith, one of his disciples, claims to have cured a number of cases of this character by repeated application of the Faradic current. It would seem to us, however, that in a case in which there was so much displacement as in this, the muscular fibre had become so completely atrophied that its restoration would be impossible. But as the case presents so little hope for successful treatment by plastic operation, we will subject her to the use of electricity.

COMMUNICATIONS.

TREATMENT OF RHEUMATISM.¹

BY C. S. COPE, M. D.,
IONIA, MICH.

Rheumatism comes under the notice of every physician in temperate climates, either in his own person or that of his patient, frequently of both, so that nearly every day of a busy practical life brings us into direct contact with this disease.

In former years a severe attack of rheumatism was, to the patient, another name for six weeks in bed with the most excruciating torture. Happily that saying belongs to the past. No patient need be confined now so long with this malady, if properly treated. The introduction of the salicylates was a master-stroke in therapeutics. Many persons under their judicious use make a rapid recovery. But there are many who cannot take the salicylates, and for such some other way or means must be devised. It is to the notice of some of the older remedies that I desire to direct your attention. Not that they are to supplant the newer methods, but alone or in combination with new remedies they will be found of great use both to the physician and patient.

In examining a person sick, no matter with what disease, certain symptoms charac-

terize certain pathological conditions, and in a mute but convincing language speak to us of certain remedies needed to counteract the pain and suffering their writhings extort. The pinched face and shrunken form speak to us of starvation, and the need of nutritious food in forcible language.

We find the patient with rheumatism emits a peculiar sour odor; that the tongue in most cases has a coating of white or yellow fur; that the urine is highly colored and of a rank smell. The other symptoms of pain and swelling are a necessary concomitant. To this picture there is a companion one. The tongue is red, and the sour odor is not present. The urine in cases where the sour odor and coated tongue are present will be found to contain an excess of acid. When the red tongue is seen there is a deficiency of acid. Persons with the latter are of the gouty type of diathesis. The treatment for these two types of disease has been, for the first, to use alkalies; for the second, when the red tongue was present, to use the wine of colchicum seed.

Case 1. L. M., a lumberman, had several crews of men to supervise. There were four mills under his care, and these were situated within a radius of three miles, necessitating much travel, mostly on foot through deep snow and stormy weather, during the winters of 1879, 1880 and 1881. He was taken down with acute inflammatory rheumatism and suffered greatly. Before my seeing him he had had many serious attacks of like character, which he assured me kept him in bed from six weeks to two and three months. One winter he was confined to the house all the time. I found a heavily coated tongue; urine of strong odor and acid; the perspiration very sour-smelling. He was at once given ten grains of calomel with fifteen grains of Turkey rhubarb. In two hours he began taking tablespoonful doses of a strong solution of hyposulphite of soda, twenty-five grains at a dose. I saw the patient first in the evening. Before morning the bowels moved freely, the urine was clearer, and by the middle of the forenoon he was sitting up, and in the evening was able to be out on the street. Quinine was given in three-grain doses for three days, at meal times. Other medicine was discontinued after the first day. The hyposulphite of soda had been taken in a tablespoonful of water every two hours from the time of its first administration. There was no return of the trouble for a number

¹ Read before the Michigan State Medical Society, Jan., 1890.

of weeks, when unusual exposure induced another attack. A like treatment produced equally good results.

The patient often expressed his satisfaction at being able to get rid of the rheumatism so quickly, and said that his seizures were equal in severity to any that he had previously experienced. I continued as his family physician up to 1883, at which time he removed to a distant State, and soon after died of pneumonia. During the time he was under my care his seizures of rheumatism grew less frequent, although he was exposed to the greatest vicissitudes of stormy weather in the Michigan pineries. Each time he came under treatment he responded promptly to medicines taken.

During these years all my other patients treated for rheumatism received like treatment. Part of this time was very productive of rheumatic disorders. Choppers, loggers and teamsters were great sufferers from the trouble; but all made good and rapid recoveries under the treatment. Occasionally a case would be met when a different class of symptoms presented, when a resort to wine of colchicum associated with other remedies usually met the existing conditions. Of the wine of colchicum the usual dose was ten drops, repeated every half-hour until a cathartic effect was produced, when the symptoms abated.

The use of colchicum required a more prolonged administration, as the cases with the red tongue were more intractable. I have rarely found a red tongue in a case of acute rheumatism. There is one great objection to the hyposulphite of soda, and that is its taste; and nothing that I have been able to devise can take away this disagreeable feature. This fact led to the substitution in many cases of acetate of potash, the old *sal diureticus* of the Fathers. This is not palatable by any means, but the essence of gaultheria mitigates its unpleasantness materially. With a saturated solution of the acetate of potash, in tablespoonful doses, half an hour after each meal, the tendency to rheumatism may be averted and an attack completely forestalled. This remedy should be continued as long as there are any symptoms of the disease present, and resorted to on its first recurrence. With this alone those troublesome attacks of lumbago found in laboring men may be very successfully treated.

Of those cases of rheumatism in which there is glandular swelling as well as the

proper rheumatic phenomena, the following prescription will be found useful:

R Syr. stillingiae comp. f ʒ iii
Ext. phytolaccae decand. fld. . . . f ʒ iii
M. S. One teaspoonful every four hours.

Case 2. In the fall of 1881, Mr. C. came to me for treatment. He lived on an adjoining street. I had noticed him all the previous summer as he hobbled about, truly a subject for public commiseration. He was a large man of phlegmatic temperament, flabby and loose jointed. He was much crippled with rheumatism, and had been so for years and was given up by friends and relatives as a hopeless invalid. About the neck and jaws there were large glandular swellings of a scrofulous nature. His feet and legs were swollen, his abdomen much puffed up, his heart irregular and a general dropsical condition was present. With crutch and cane it was a hard trial for him to venture on fine days for a walk of fifteen rods. When he did so he was obliged to sit down and rest a long while before making the return trip. This was his condition when he called on me. I was a new physician in the place and folks did not have much faith in me. I gave him fifteen grains of calomel with a like amount of rhubarb at one dose, followed next morning with a Sedlitz powder every three hours until the bowels were well cleaned out. After thorough catharsis I began with twenty-five grain doses of hyposulphite of soda in water well diluted, every two hours for the first twelve hours. After that, this dose was taken three times daily for four weeks. After the first day I gave, in alternation with this, teaspoonful doses of the stillingia and poke-root mixture. In less than a week there was marked improvement and he made a prompt recovery. In less than three months I had the satisfaction of seeing him able to go to work, and before half a year he could carry a twenty-foot ladder and climb lightly to the top of a building and stand all day at work. He was by trade a house painter. The dropsical tendencies subsided and the glandular swellings were all removed. During the next four years the only medicines needed were the acetate of potash and stillingia, with calomel, where sudden weather changes or exposure caused a lameness. With these prescriptions he is able to live in comparative comfort and to successfully abort all attacks of the dreaded disease.

Case 3. The next year another aggravated

one came under treatment. J. C., a young man twenty-one years old, applied for treatment. He had been in town at a boarding-house for several months, and on pleasant days, in company with other chronics, came out for a sun bath. I often saw him and wondered why he could not get relief, knowing that he was constantly under treatment. He had that peculiar blanched look that patients have who suffer long from severe rheumatism—a sort of pickled appearance, although they had been but recently taken out of white brine. His odor was diagnostic, sour and strong; his tongue was broad, pallid and coated with fur. One heel was retracted and drawn up as in club foot, the toe alone resting on the ground as he stood or hobbled along. He said that since he was thirteen years old he had suffered with intense pain in that heel, and at times the pain was almost unendurable when his attacks grew worse. He had had the usual treatment, with hypodermic medication to manage excessive paroxysms, but he got no better. He had lost faith in doctors and in medicine. I gave him fifteen grains each of calomel and rhubarb, followed in the morning with Sedlitz powders, then hypophosphite of soda and stillingia and poke root. He got well and in two months went to work canvassing, as a book agent, and as such has traveled on foot over the northern part of Montcalm County, on roads none too smooth or level. All the pay I ever got was a copy of Gaskell's *Compendium of Forms*, for which he was agent. It stands in my library to-day, a monument to the successful treatment of an aggravated case of rheumatism. He has often spoken of his recovery, and at the end of three years there had been no return of the trouble.

Many other cases might be cited, but these will sufficiently illustrate the treatment.

In cases of gouty diathesis, with red tongue and much pain in the smaller joints, especially in the feet, the wine of colchicum will often give the patient surcease from suffering. All the cases that I now recall in which the red tongue was present, were in women. Not all women, however, who have rheumatism, present this peculiarity. Since the introduction of salicylates, I have used them with excellent results in ordinary cases. They are easily given either in capsule or solution. But many stomachs will not tolerate them, and some people are much disturbed by their action. To avoid

the burning-in the stomach due to the salicylate of soda, small doses of bismuth or large quantities of milk will usually afford relief.

As a palliative remedy for local application the following will be found to be prompt, thorough, efficacious, going at once to work and not standing on ceremony as some liniments are known to do:

R Menthol crystals ʒ ss
Whiskey f ʒ iii
Chloroform f ʒ ii
M. Ft. sol.

Wet a blotting-pad or a piece of heavy flannel with this medicine, apply to the painful part and cover well with flannel. This gives almost instant relief from pain.

633 West Main Street.

CONSUMPTION AND SANITATION AMONG THE DAKOTA INDIANS.¹

BY FRED TREON, M. D.,

U. S. AGENCY PHYSICIAN, CROW CREEK, SOUTH
DAKOTA.

The death-rate from consumption among the Indians is alarmingly on the increase. I do not intend, in this article, to look beyond their sanitary condition for a cause for this grave malady and other kindred diseases. We must, in treating of so serious a subject, do away with all poetical ideas, and view the Indian as he really is and not as we would wish to have ourselves believe him. If an evil exists, the sooner it is discovered the sooner will the remedy be applied, if remedy is possible. If experience teaches us anything, the Indian is not alone to blame for his existing bad sanitary condition. In a way his education in these matters has been neglected, the example of white men, commonly known as "squawmen," who have lived among these people, has had anything but an elevating influence upon them. We must remember, also, that these people are now in a transitional state, passing from a nomadic to a settled life. The change is a radical one and the Indian progresses slowly. Just now we find them in a condition that cannot be called settled, neither is it an uncivilized state in the strict sense of the term. Perhaps, from a health

¹ Read before the Dakota Medical Society, June 14, 1890.

standpoint, the worst thing they have to contend with is the modern Indian cabin; usually a log house with but a single room that has one door, and at most two small windows that admit but little light. The house is small and so constructed as to allow no air to enter the room; in many instances there is no floor, and the roof is made of poles covered with earth. My friend, Dr. J. B. Graham, says, in his article on Scrofula among the Sioux Indians: "These houses are kept in winter at a temperature of from eighty to ninety degrees Fahrenheit, and inside are practically dry at all times. Exhalations from persons and dogs, with sputa from consumption and pus from scrofulous sores, are allowed to lodge on the walls and dirt floors; they are rapidly dried by the high temperature and suspended in the atmosphere of the room. Thus it may be seen that these houses are the very greatest source of danger, veritable culture-soils and hot-beds, they furnish the best possible condition for the spread of tuberculosis when the bacilli lodge in the soil prepared for them by exposure, under-feeding and malnutrition."

I have gone to these huts in the early morning and when the door was first opened to admit me have often been compelled to retreat to the open air to avoid being made ill by the stench and foul air that greeted my nostrils. It is not an uncommon thing to find six or eight persons, and as many mangy dogs, occupying one of these small, air-tight rooms. These people, as a rule, cook, eat and sleep in the same room. They rarely remove their clothing when they retire and seldom wash when they rise. Vessels used in cooking are to be found in a greasy and unwashed condition. The dishes are filthy and the cupboards untidy, and in the summer they swarm with flies. Their bed clothing and wearing apparel never receive an application of soap and water, and as a rule are filthy with vermin. They eat the coarsest and most unappetizing food and drink stagnant water. Their meals are not served at any stated time, and when they eat they are like a prize fighter, they go at it and stay at it until they make a finish. The rations issued weekly are small and are disposed of inside of twenty-four hours.

These things will not please a great many who style themselves friends of the Indians, and there are others who will doubtless say that while what I have said is true, yet it would be as well to leave it unsaid. I inti-

mated in the beginning of this article that I would deal with plain facts; I do so, hoping a remedy may be found and applied. I do not hesitate to say that the cause of Indian work has often been retarded and hindered by false and rose-colored statements that covered up many evils which I am endeavoring to expose in order that they may be seen and corrected.

Dr. Culbertson, of Cincinnati, said recently: "Men, women and children that breathe dirt, eat dirt, sleep in the dirt, and work in the dirt, will have dirty morals and dirty characters." This brings me to occur in a statement I heard a gentleman make, who has spent many years in the Indian work, that the Indians were low down in the scale, physically, mentally, socially and morally. And one very good reason for this deplorable state of affairs is their filthy habits of life.

The cattle furnished at our Agency last year, under contract, were the worst I ever saw; poor, small, domestic cattle, many of them were old milch cows unfit for beef. As a result many of them died, and the rest were so poor that in some instances they could not be brought to the slaughter, and once the Indians were allowed to go to the Big Bend, where the cattle are held, and killed forty head that it was thought would die. Of course they consumed the flesh of these poor animals. I was called to examine some of the meat from cattle slaughtered out of the Government herd at the Catholic mission school. The muscles were in a slimy condition, while the remains of fat looked like so much pus. I advised them, not to use it. I have actually seen Indians eating things too disgusting to describe even in an article of this kind. Tainted meats are taken with an apparent relish, and warm meats, tallow, liver and the entrails are swallowed at the slaughter with great greed. They eat everything from a domestic dog to a skunk.

The vitiated air of the rooms they occupy at night is difficult to comprehend. The inmates of these overcrowded enclosures to health come out in the morning with a tired, lazy look, appearing as if they had been robbed of the last grain of energy they ever possessed, and it is not until they have moved about in the open air for a time that they evince much evidence of life.

I cannot admit that this is the origin of consumption and scrofula among the Indians, but I do certainly believe it now is

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be the existing cause. Flint says: "The disease prevails much more among those whose pursuits are sedentary than among those whose occupations involve outdoor life. Want of exercise, defective ventilation, deficiency of light and the depressing emotions undoubtedly contribute to the production of the tuberculous cachexia. The influence of the several causes just mentioned is seen in the greater liability of domesticated animals to tuberculous disease than of the same animals in a wild state. The stabled cow, the penned sheep, the tamed rabbit, the monkey, the caged lion, tiger or elephant, are almost invariably cut off by tuberculous affection." He also says:

"There is reason to believe that habits of diet unduly restricted as regards variety and quantity, either from choice or necessity, may contribute to the development of the disease." Dr. Mays, in his article entitled: "Does Pulmonary Consumption Tend to Exterminate the American Indians?" says: "Probably one of the chief causes of this disintegration among the Indians when first coming in contact with civilization consists in an entire reversal of their previous habits and customs. The life of physical open-air activity, which invigorates the Indian's respiratory organs as well as his whole body, is now exchanged for a reservation life, where his nomadic instincts are curbed and his wants are fully satisfied, and in consequence he sinks into a state of lethargy and idleness from which he soon merges into pulmonary disease. After having endured the first shock of the conflict, a reaction begins to show itself. He gradually becomes accustomed to his new relation, assumes an industrial and peaceful life, and so elevates himself out of his physical and moral degradation."

Has not the learned professor based his opinion without actual experience on an Indian reservation? In the last part of the quotation he intimates that Indian consumption is entirely due to the change these people have been forced to make in their habits and vocations of life, and that it would be easy for him to elevate himself out of his "physical and moral degradation" after once having sunk into them. The first is a plausible theory, but the second statement does not by any means coincide with my experience. For the past nine years the majority of these people have been living in houses. For the past four years I have lived among them in the office of Agency physi-

cian. There are now about 1,090 Indians on this reservation. From June 1, 1886, to June 1, 1887, there were, in all, 39 deaths: 1 accidental, 22 from consumption. From June 1, 1887, to June 1, 1888, there were, from all causes, 52 deaths: 3 accidental, 31 from consumption. From June 1, 1888, to June 1, 1889, there were, in all, 45 deaths: 3 accidental, 23 from consumption. From June 1, 1889, to June 1, 1890, there were, from all causes, 58 deaths: 1 accidental, 2 suicidal, 24 from consumption. The increase in death-rate during the last two years was due to epidemics of measles, influenza and whooping-cough.

The death-rate from consumption here is in accordance with statistics from other tribes and with those furnished to Dr. Washington Mathews by Dr. Jonathan Keeland, of the Onondaga Indians. These people live within seven or eight miles of Syracuse, New York, and have been under a civilizing influence for at least a century, and yet from Dr. Keeland's report we see that the death-rate from consumption from 1859 to 1877 was on the increase. If Dr. May's theory is a correct one, then it ought to be demonstrated in the lives of these remaining people of the old Iroquois nation. And yet Dr. Mathews tells us that sixty-two and a half per cent. of all deaths occurring among them during the census year were from consumption.

It will be seen from my table given above that from June 1, 1886, to June 1, 1887, the mortality from consumption was $58\frac{1}{3}$ per cent. of all deaths. For the succeeding year it was $63\frac{1}{3}$ per cent., a heavier per cent. than that mentioned by Dr. Mathews of the New York Indians during census year. The following year it was only $54\frac{1}{3}$ per cent., the increase being due to the epidemic of measles, from which the mortality was heavy. The last year the percentage was only $43\frac{2}{3}$ per cent.; the decrease being due to the severe epidemics of influenza and whooping-cough. The mortality from consumption for the past four years reaches the enormous per cent. of $54\frac{1}{3}$ of all the deaths occurring in that time, excepting violent and suicidal deaths; and that period includes three of the severest epidemics known among these people for years.

If we are to believe that consumption is transmitted from parent to offspring, is it not reasonable to suppose that the mortality from consumption will continue to increase from year to year at least until a decided

improvement in sanitation is made? Indeed if something is not done to stay the ravages of this disease it must eventually exterminate the race. The birth-rate has not kept pace with the death-rate; for in the period in which 192 deaths are reported there have been only 171 births, showing a falling off of 21 in four years.

There is still another thing that I wish to bring to notice in this connection, and that is the Indians' method of disposing of their dead. If there has ever been a worse disposition of the dead than that of earth burial it was certainly that of placing the dead on scaffolds or in the trees, where they were left to decompose, and where, after the rough burial cases had decayed, the particles of decomposition and living germs were wafted wheresoever the breeze carried them. Even now the habit is not entirely done away with, and as bad or a worse disposition is made of the dead. The remains are placed in boxes, and left on hill-tops or buried on the surface, often in close proximity to some Indian dwelling. In one instance that I know of, last winter, the remains were kept in the attic of the house until decomposition had taken place and the fluids of the same ran down into the room of the living inmates. In a climate as dry as this, with such constant high winds, it is easy to conceive of the very atmosphere we breathe, even in open air, being charged with bacilli of consumption and germs of kindred diseases. I believe the time is coming when there will be legislation against earth burials, and sanitary entombments or the ideal disposition of the dead suggested by the Rev. Charles R. Treat, of New York City, will be adopted, and "Campos Santos" or "Mausoleums," or "Mansions of the Dead" will take the place of the horrid graveyards and cemeteries that are now poisoning the air we breathe and spreading contagion and disease broadcast throughout the land. Desiccation will, as shown by the reverend gentleman, destroy the germs of disease, still retain us the form of our dead, and the plan provides for the perpetual care of the same. What a grand thing it would be if a place of that kind could be immediately provided for these people and they were compelled to use the same!

There is still another thing that these people do that conflicts with health; it is the weekly habit of coming to the Agency for rations, leaving these overheated, overcrowded, illy-ventilated houses in the winter

season to travel through extreme cold for miles to the Agency, where they live for two or three days in cloth tents. Even the very young, only a few days old, are taken along and not infrequently contract severe colds that, with their weak constitutions, kill them or lay the train for acute consumption.

What is to be the remedy for all these evils? It may be summed up in one word: Education. Every child of school age should be placed in school. Unfortunately the Agency Boarding Schools are, as a rule, poorly constructed, illy ventilated, badly heated and without any kind of sewerage. The bill-of-fare is poor and the sleeping rooms bad. I am sure too much soup, usually called "stew," is given the pupils at the boarding schools of this Agency. There is too much fluid and not enough of solids given them to eat. Meats, beans, potatoes, etc., should be given them, cooked dry, boiled or baked. For dinner one kind of soup should be allowed. The school should be a model home; a place where every branch of industry is taught. A good gymnasium and well-appointed bath rooms should be in connection with every boarding school; physiology and hygiene should be carefully taught, and great stress should be laid upon habits of cleanliness and diet. Children should be placed in boarding schools on the Reservation at six years of age and kept there until sixteen, after which the more advanced might be sent to higher schools to complete their education.

The houses for dwellings for these people should be constructed on a plan that would give at least four rooms to every family; these rooms should be well ventilated and lighted. In every farming community of a radius of so many miles a practical farmer should be located who should be a married man, and his wife required to instruct the women in her husband's district in the art of cooking and housekeeping. For this service she should receive from the Government a just compensation. The farmer should have under his charge a supply depot where rations may be kept and once or twice a month he should issue the supplies. The plan of out-stations for farmers is now being adopted at some of the Agencies. The beef should be neatly slaughtered and issued from the block by the farmer. He should require every Indian not sick to perform so much labor every day. He should teach them by example and precept how to manage a farm.

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The great trouble is now, has been and will probably continue to be to hold the Indian children up to what they have attained in school, the tendency is for them to sink back into the old habits and life once they are out.

In concluding this article it is only just to say that an honest effort is being made by the Hon. Commissioner of Indian affairs to place all Indian children of school age in school at once. The plan of our stations for farmers, with supply depots and the issuing of rations once a month, is now adopted at some of the Sioux Agencies. I am informed that the plan works well. All Agencies should adopt it. Credit is due to the few who are advancing. There are some Indians here, be it said, whose houses look inviting, the beds appear clean and their food not badly prepared. Whatever the effects of civilization may be on their health, we must admit that the only hope for them now is to push speedily onward. Civilization, education and Christianity must do all that can be done for them. To go back to the old life is an impossibility. The destruction of the buffalo made them a dependent race, and as such they must remain until far enough advanced in civilization to compete with the whites, then they may assert once more their independence.

HINTS FOR THE MANAGEMENT OF CONSUMPTIVES.

BY L. HUBER, M. D.,
ROCKY FORD, COLORADO.

In a chronic wasting disease like consumption, it is advantageous sometimes to inculcate certain habits and usages. Some things must and will happen, and by habit or practice they may be accomplished with far less expenditure of force and less distress to the sufferer. Coughing, for example, cannot be entirely dispensed with. When the lesions in the lungs become comparatively quiescent, there may still be spells of coughing. When cavities form and discharge their contents with greater or less regularity it requires some efforts of coughing to perform the act. Under a physician's observation and instruction a patient may be trained to cough with

one lung. When the irritation is unilateral and confined to a small area, this is an important accomplishment. It obviates several evils. Instead of indulging an explosive cough with much straining, whereby a general bronchitis is often excited, it tends to beget a tolerance and control over irritation, and to reduce it to a minimum. Patients whose nerves give way under the strain of a severe paroxysm of coughing, and who get into a fit of anger, usually intensify their suffering and lose courage to fight their disease. Physicians and nurses should take pains to instruct patients to be plucky and resolute under their trials.

Another habit which is advantageous to a consumptive is that of expectorating regularly. Lesions that accumulate and discharge much detritus are benefited by being kept clean, and nature's method of doing this is by throwing off the sputa as it accumulates. I have met patients who had been told by their physicians to restrain the acts of expectoration, instancing as an argument for such a course that infants and small children do not find it necessary to expectorate in lung diseases. I know two cases even, in which the patients were advised to swallow the sputa, if they could not entirely keep them back. Such instructions need only be mentioned; their dangerous and disgusting nature are obvious. The chief liability in withholding expectoration is deeper penetration of the disease in the lung tissue and new inoculations. To this I can certainly testify. Sometimes when an old lesion fills with matter during a night of sound sleep, a portion of the contents will practically "run over" and drain away. Following such an accident, there is often inflammation excited and a further extension of the disease.

Patients that are strong and vigorous often commit a grave imprudence by haste to get about their active duties in the morning. I know a laboring man, a sufferer from chronic phthisis, who is incapable of doing any work during the day, if he is not left to his leisure each morning to go through a paroxysm of "coughing and raising." This done, his respiration is free and easy, and remains so for the day. Another case occurs to me in which the patient on awaking would go into a fit of coughing, spring from bed, endeavor to dress and go after his chores. The coughing was greatly aggravated and much prolonged. On applying for medical aid he was instructed to lie quiet abed, until

he had finished coughing and expectorating each morning. After two weeks' trial of this plan, his cough abated and he improved considerably.

Attendants should caution their patients against over-taxing the heart. It is known that, when there are certain lesions, or when lesions are in certain stages, there is much embarrassment to the heart's action. Incautious movements or bodily exertions may precipitate a paroxysm of dyspnoea or a "sinking spell," with much suffering and no small amount of danger. I have seen dangerous and even fatal congestion of the lungs brought on in this way. In high altitudes patients must be especially watchful. In resorting to high regions it is always safest to keep comparatively quiet for a week or more until the lungs become somewhat adapted to the new conditions.

The consumptive patient's mind must often be disabused of the fallacy that cough constitutes essentially the disease, which leads to uselessly resorting to nostrums, reputed to be never-failing as "cough cures." And he should be informed that an irritant within the lung produces the cough, which is simply nature's method of expelling foreign matters.

These hints may seem common-place. However that be, the fact is that if properly followed the moral control of a patient can be kept within reach, much suffering averted, and in not a few cases months and even years added to his life. Simply to leave this class of impressionable sufferers to their hard experiences and the suggestions of those around them, with all their hopes of recovery staked on generous supplies of medicines, is not a wise course. They soon begin to do a little of everything, and persist in nothing, and get beyond the doctor's care, which, given in time might have comforted, if not improved, them.

PALMAR ABSCESSSES AND FELONS.

BY ENOS T. BLACKWELL, M. D.,

CEDARVILLE, N. J.

In that valuable department, the *Periscope*, in the *REPORTER*, August 2, 1890, there is an excerpt from the *Cincinnati Lancet-Clinic*, credited to Dr. H. H. Spiers, of Ohio, on Abscess under the Palmar Fascia. The author employs the seton, introduced

near the annular ligament, and brought out at the flexure of two adjacent fingers, in preference to the lancet. His paper contains the following sentence, which is contrary to my experience, and, in my judgment, opposed to correct teaching. He says: "In the use of the lance, whether early or late, parts are severed that never again unite; the hand is left disabled as a consequence."

It has been my fortune to encounter in practice two cases of abscess under the palmar fascia. Of the first, I have a vivid remembrance, as it occurred upon my own right hand. There was tenderness and aching in the palm as I was about taking the cars for the World's Exhibition held in New York in 1853. A friend, in ignorance of my disability, grasped this hand heartily at parting, and the fervor of his touch I still fully appreciate. The motion of the cars aggravated the trouble, as every jar sent an additional volume of blood into the inflamed part. By the third day the agony was so great that I thought of applying to a surgeon for relief; but, being a stranger and rather shy, I deferred it to another day. Laying in a supply of opium in pills and of the wine of opium, I went to bed. But such a night of horrors! I turned from side to side about as fast as I was able to get over, although I had taken several grains of opium on retiring. Tortured by the pain, I was soon obliged to take more opium, the amount necessary to obtund the pain being seven grains. A somewhat violent palpitation of the heart followed the ingestion of the latter potion; but it soon subsided, and I obtained some fitful and imperfect sleep. During the night the pus made its way to the back of my hand, causing a swelling of the size of a walnut at the flexure of the ring and little finger. In the course of the forenoon a young naval surgeon made an opening in the palm near the flexure of the ring and little finger with a thumb-lancet, the only instrument at hand. There was complete and instant relief. The treatment henceforth to the cure was by poultices of slippery-elm and laudanum, changed whenever distress in the parts indicated reapplication. The integument of the entire palm as well as that upon the first phalanx of each adjacent finger, separated from the parts beneath, and was removed in the course of the cure, which occupied a full month. Passive motion of the fingers was perseveringly practiced from day to day, and no disability

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followed this atrocious disease. Tenderness remained for a very considerable time.

My second case was in a man who applied to me for relief from violent and deep-seated pain in the palm of the hand, June 22, 1889. An incision was made over the painful spot, but owing to his timidity and the thickness of the overlying structure it did not reach the seat of mischief and no abatement followed. The hand was then dressed with ointment of the nitrate of mercury, covered in by adhesive plaster, as recommended by Dr. R. C. Kenner, of Louisville, Ky., for aborting felons and boils. (REPORTER, vol. lviii, April 14, 1888, page 465.) No improvement followed this application, some pus being probably already formed. On June 24, under anæsthesia, a deep incision was made at the most promising point. When the patient was allowed to come from under the influence of the anæsthetic, the pain was still very great and he was again anæsthetized, and the incision being continued to a still greater depth, the pus was reached and evacuated. From this time onward, under the means employed in the former case, his convalescence was steady and he ceased to visit me on July 1. His recovery was perfect.

I have treated many deep abscesses of the thumb and fingers, always making an early and deep incision, occasionally touching the underlying bone with the point of the lancet. As fluctuation can scarcely ever be perceived because of the tenseness and tenderness of the integument, the smallness of the deposit of pus and the depth at which it is situated, I often apply the lancet when uncertain of "a show" following the withdrawal of the instrument. A quick cure generally results from the lessening of tension and from the discharge of blood which diminishes the pus-producing principle. During over forty years' practice, I have never had under my own care a case in which disease of bone or anything untoward in the healing process occurred. This I attribute to the use of early and deep incision at the point of election, sometimes in anticipation of the formation of pus. The integument which becomes loosened from the underlying tissues in palmar abscess, though dead, forms an admirable covering for the sensitive structure beneath and should be left until it separates spontaneously.

The introduction of the seton, as practiced by Dr. Spiers, would seem likely to cause much pain, as the time employed in

the operation would be much greater than that required in making an incision with an ordinary lancet. There would also be much likelihood that the needle would miss the pus-deposit, especially if it was not much extended or lay at great depth. The irritation of the ligament could not fail, I think, to add much to the suffering. While not doubting the success of the plan in very skilful hands, the method does not seem well adapted to general application.

PERISCOPE.

Koch on Bacteriology.

The *Lancet*, August 16, 1890, gives a summary of the address of Koch at the Tenth International Medical Congress, in which he declared that he had not much that was new to tell, but he would make a preliminary communication regarding the result of important new experiments. This communication had reference to a remedy for consumption discovered by him, which, however, he would not name till his experiments were ended. The rest of his address was an admirably clear account of the progress of bacteriological research. Only fifteen years ago one regarded the micro-organisms occasionally observed in the bodies of diseased animals and persons more as curiosities than as things essentially connected with the disease. And considering the great ignorance of their nature which then prevailed, this could not but be so; there were investigators, for instance, who declared bacteria to be crystalloid bodies, not living organisms. With the perfecting of the magnifying instruments, the application of staining, the propagation of organisms on nutritive media, culminating soon in pure cultivation, a rapid change took place. It became possible to distinguish a number of quite definite sorts with certainty, and to ascertain that they were distinctly connected with the diseases in which they were found. It was further ascertained that one sort of bacteria was not transformed into another, and the remarks of old writers on leprosy and consumption, for instance, even justified the conclusion that, just as certain diseases, presumably caused by micro-organisms, had remained unchanged, their germs also must on the whole have retained their old qualities. Within certain limits, indeed, deviations of

demeanor had been observed in some bacteria, but that was the case among the higher plants, too, without the varieties ceasing to belong to the species. The main gain of this period of research was the recognition of the fact that the thing was to discover as many morphological and biological qualities of a bacterium as possible, so as to be guarded against the danger of confounding various bacteria. There was still a danger of this with certain bacteria, the typhus and diphtheria bacilli for example, whereas it had been removed in the case of the tubercle and cholera bacilli by the very exact investigations of these organisms. In their case too, however, the bacillus must never be determined by one mark alone. He had experienced this in his own case, having for some time taken the bacillus of chicken cholera—for the special study of which he had not had material,—for a variety of the bacillus of Asiatic cholera, till a new series of experiments had convinced him of his error. Whether the germ of chicken cholera would have an injurious effect on human beings was still a question, and a question that would not easily be answered, as one could not well make direct experiments on human beings, but must wait to see whether the bacillus of chicken cholera would not one day appear in a human cholera patient. As to the etiological connection of the noxious bacteria with infectious diseases general opinion was at first against it, and strict proof was necessary. It was necessary to prove in all cases that the disease and the micro-organism always appear together, that the micro-organism in question does not appear in any other disease and that the micro-organism, propagated outside of the body through several generations, always produces the same disease if it gets into the body again. Now that the etiological connection had been proved in this manner in anthrax, tuberculosis and erysipelas, and the resistance of opponents broken, one might confine one's self in further cases to the two first lines of proof. This proof had still to be given in the case of abdominal typhus, ague, leprosy, diphtheria and Asiatic cholera, but in the case of the latter it was already generally assumed that the cholera bacillus was the cause of cholera. As subjects of investigation for the immediate future Koch designated the question whether the pathogenic bacteria live only in the body or outside of it too, and in the latter case only occasion-

ally get into the body and cause disease; also the manner of getting into the body and their demeanor there. The next advance in bacteriology was the discovery of the poisons excreted by the bacteria, which were now regarded as the cause of death in fatal bacterial diseases, for the opinion that the white blood-corpuscles resist the bacteria was more and more losing ground. Koch then discussed the spore-formation of some bacteria and the influences of air, warmth, moisture and chemicals on bacteria. Direct sunlight quickly killed bacteria, the tubercle bacillus, for instance; even daylight produces the same effect, though more slowly. Cultivations of the tubercle bacillus, propagated for from five to seven days at a window, died. Moisture was necessary for the growth of bacteria; moisture, however, on the other hand, hindered their spreading. A bacterium never rose; its transmission took place only by the flying of dust, if it remained for some time capable of life in dry air. By means of improved staining methods some knowledge of the inner structure of bacteria had recently been gained; there seemed to be an inner nucleus of plasma with flagella proceeding from it. In certain infectious diseases—measles, scarlet fever and small-pox, for instance—the presence of a pathogenic bacterium had not yet been proved. In hydrophobia, influenza, whooping-cough, trachoma, yellow fever, cattle plague and pleuro-pneumonia of cattle, also, no specific bacterium had been discovered, though the infectious nature of these diseases was evident. And perhaps these diseases were caused, not by bacteria, but by organic parasites belonging to quite another group of animated beings. In the blood of malaria patients protozoa had been found, which were now suspected of causing this and other infectious diseases. Whether protozoa, the lowest representatives of the animal world, really deserved this suspicion would have to be decided by a method analogous to bacteriological pure cultivation. But now there remained the question what had been the practical utility of all these extremely laborious investigations. The investigator, indeed, ought not to inquire after the immediate practical utility of his work; in the present case, however, the question was not entirely devoid of justification. Nor was it quite impossible to give it a satisfactory answer. Had not bacteriological investigation alone led to effective methods of disinfection?

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The value of water filtration, the question of the filtering qualities of the soil, of the fitness of surface water for use as drinking-water, of the best method of constructing wells, the sterilization of milk—so important especially for the nutrition of infants—the investigation of the air in school rooms and in sewers, the proof of the presence of pathogenic bacteria in the soil and in the air, were all bacteriological questions or conquests. The diagnosis of isolated cases of Asiatic cholera rendered timely preventive measures, the discovery of tubercle bacilli rendered timely therapeutic measures possible. Besides these, indeed, only Pasteur's inoculations against hydrophobia, anthrax, symptomatic anthrax and swine erysipelas remained to be mentioned, and the first of these probably did not belong to bacteriology at all, though they had grown on its soil. "But," concluded Professor Koch, "it will not always remain so. Therapeutics proper will also derive benefit from bacteriology, hardly, indeed, for diseases of rapid course, in which prevention will remain the main thing, but certainly for slow diseases such as tuberculosis. Others also, like Billroth, maintain this hope; but the mistake has frequently been committed of beginning the experiment on human subjects. I regard this as wrong, and look upon the alleged successes of various remedies, from benzoate of soda to hot air, as illusory. For years past I have been seeking means for the therapeutic treatment of consumption, but I began with the pure cultivation of the bacillus. I found a number of substances—etheral oils, tar-pigments, mercurial vapor, salts of gold and silver, especially cyanide of gold, for instance; some of which, like the last, even when very strongly diluted, prevent the growth of the bacillus, which, of course, suffices to bring the disease to a standstill. All these substances, however, have proved ineffectual when used against the bacillus in the bodies of animals. I continued my search, however, and found what I sought. Susceptible as the guinea-pig is to the tubercle bacillus, it proved non-inoculable when treated with the substances in question, and even when its disease was far advanced it could be brought to a standstill by this means. This fact may give occasion to search for similar effective remedies in other infectious diseases also, and here lies the field for an international contest of the highest and noblest kind."

Treatment of Tuberculosis with Boric Acid.

The Paris correspondent of the *Lancet*, August 16, 1890, says: For the past five years, Dr. Gaucher has been studying the action of boric acid on pulmonary tuberculosis. He has recently made public the results which so far have accrued from his researches. He first of all determined by means of experiments on animals the toxic limits of the acid when administered internally, and he found that this stood at the ratio of about a gram to a kilogramme of the animal's weight. As to its subsequent elimination from the system, he found that this took place very readily and even rapidly by way of the renal secretion; there was therefore little fear of any accumulation or tardy cumulative action. But, what was an equally important and desirable result, he found that the boric acid was also eliminated appreciably through the expectoration; the sputum of tubercular patients whom he had subjected to this treatment was found to be very freely charged with the acid. Some of his experiments are not only interesting, but certainly encouraging in their ascertained results. For example, he took two or three rabbits, and injected into their lungs through a needle syringe a few drops of a solution of pure tubercular culture. In this way he set up a local tuberculosis which became caseous but not generalized. Some of the animals soon succumbed to pulmonary tuberculosis, and the surviving ones were shortly after destroyed. Well-marked phthisis was found in all *post-mortem*. He next repeated his inoculations on healthy rabbits in precisely the same manner, but he now fed the animals on bran mixed with boric acid. After a time these also were sacrificed, but, contrary to what he found in his initial experiments, their lungs were quite free from any tubercular lesion, neither was any found elsewhere. It is submitted that, although these experiments on rabbits may not be altogether conclusive as to a like action of boric acid on human tubercular subjects, they are at least—in the face of the enormous mortality from phthisis and hopelessness of therapeutic methods in general in this disease—worthy of serious attention and more extended trial. As to clinical results, so far as it has been tried, the boric acid treatment has been found to bring about a notable diminution in the expectoration, which became more fluid and less purulent. Considerable time is, of course,

necessary before speaking of remote or final results, but in the cases in which the treatment has been tried, and which have been under observation for a considerable period, it may be said that in general they improved in every way, while the tubercular trouble in the lung appeared to be at a standstill. The dose administered in these cases was one gram in divided doses in the twenty-four hours. This, on the weight theory, must be considered insufficient. Taking the average weight of a patient to be sixty kilograms, and putting the limit of dose at twenty centigrams for every three kilos, four grams of the acid should be given per day, the dose being, of course, graduated up to this amount. Boric acid will be found as a rule to agree well with the stomach, and is easily taken; it is not caustic, has no disagreeable taste, and in some cases was found even to check the diarrhoea when this existed.

Tait on Medical Education.

At the recent meeting of the British Medical Association Mr. Lawson Tait, as the *Medical Press*, August 6, 1890, says, delivered a characteristic oration, in which he compared, as to their practical value, the modern biological training of the student with the ancient practical instruction obtained by the apprenticeship system. He was, as usual, forcible and original, but also dogmatic and strong in his phraseology. His line of argument will, however, commend itself to many practical surgeons and physicians, for he insisted that our surgery must and always will be in a large degree a handicraft, and, therefore, chiefly dependent for its perfection upon acquired skill of the hand, the eye, and the brain, and that biological teaching, while perfectly indispensable to the just knowledge of the practice of surgery and medicine, is, when of the improper form, an incubus and hindrance to medical progress.

"I plead most earnestly," said Mr. Tait, "that our successors should be spared that senseless grind at useless details of anatomy with which our own young memories were burdened. Still more strenuously I appeal that our student be altogether relieved from that senseless system of biological training which has set in as a fashion at Cambridge, at Oxford, and at Edinburgh. Not many years ago I attended a lecture on physiology given to medical students, which consisted in an explanation of a brass instrument re-

sembling a model of Clapham Junction, intended to explain something about muscular fibre. I could not understand it, of course, I was too much of an old foggy, but I had this consolation, that when talking over it with my young friends who had attended the lecture with me, they could make nothing of it either. But there was a difference between us—it was demoralizing to them, for it discouraged them, and small wonder!

"I remember that we had to learn that the direction of the anterior cornu of the fourth ventricle of the brain ran a course which was backwards, outwards, downwards, forwards and inwards, and we were enabled to remember these important facts by the word 'bodfi.' Has 'bodfi' ever served any of you at the bedside? Is there any conceivable condition of human accident or ailment in which 'bodfi' could assist you to relieve your patient? Students will find, as I have done, that they will be of no assistance to them to estimate the character of a delirium, and no amount of knowledge of the arrangements of the electrical currents in muscular fibre will help them to determine the proper relations of a splint.

"I, therefore, vote cordially with those who demand the restoration of the apprenticeship system in such fashion as modern requirements indicate. It is, of course, no longer to be a seven years' slavery in mixing pills and spreading plasters, for the modern manufacturing chemist does all that for us now, but it should be a period of at least two years spent in learning how to avoid making an ass of himself in the sick room as the modern, newly-fledged, qualified assistant is certain to do for the first few years of his second pupilage, in spite of his biological lore.

"Our biological practitioners have no experience of either of these lines of research, and they, therefore, fail miserably. I had to meet a most excellent and estimable practitioner of the old school in the North of England some months ago, and he told me that within a year he had had three assistants, all Bachelors of Medicine and Masters of Surgery from one of our most flourishing biological schools. 'Sir, would you believe it,' he said to me, boiling with indignation as he thought of the needs of his large colliery practice, 'not one of them could put on a splint! and the third was such an ass that he used to lecture a collier's wife on how fishes lost their eyes in coal pits instead of supporting her perineum!!!'"

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Treatment of Typhoid Fever with Cold Baths.

M. Debove, in a paper read at the last session of the Paris Société Médicale des Hôpitaux on the treatment of typhoid fever by cold baths, declared that he had not been convinced by a recent paper of M. Merklen that this was the best treatment. His own mortality during the last six years was 11 per cent., or during the last two years 9.2 per cent. Now M. Merklen estimates the mortality from typhoid in Paris hospitals treated by cold baths as 9.92 per cent. M. Debove does not prescribe active medication, but believes in keeping up copious diuresis. To this end he supplies his typhoid patients with abundance of liquid, and if the quantity of urine passed does not appear to him sufficient, he "stimulates the zeal" of the attendants to get the patient to drink more; the total amount of fluid which should be taken daily ought, he says, to be not less than five or six quarts. M. Debove, who does not deny the good effects of baths, suggests that they are probably due to the increased quantity of urine secreted, which, as in the case where diuresis is produced by drinking, carries off the *materies morbia* from the system. According to M. Gérin-Rose, who followed M. Debove, still more successful results may be obtained by carrying out the following indications: (1) To produce intestinal antiseptics by means of naphthol and salicylate of bismuth, (2) to lower the fever by means of very large doses of quinine and warm baths (at 86° F.), and (3) to keep up the patient's strength. Of forty-three patients treated during the last eighteen months in this way only one died. —*Lancet*, August 16, 1890.

Tumor of the Bladder Diagnosed with the Cystoscope.

At a meeting of the New York Surgical Society, April 9, 1890, Dr. Meyer presented a tumor which he had removed from the bladder of a patient fifty-five years old. The diagnosis had been made by means of the cystoscope. The patient had suffered for a long time from hematuria. When consulted, Dr. Meyer, instead of using a sound to search for stone, at once tried to introduce the cystoscope under cocaine anæsthesia. This he found impracticable, and three days afterwards gave the patient chloroform.

He then made out with the utmost certainty the growth on the left wall of the bladder. He could also see the blood oozing from it. The result of operation had been to confirm the diagnosis so made. The tumor, when removed, was found to be malignant.

Mitigation of Syphilis.

In a charming address, published in the *Birmingham Medical Review*, August, 1890, Dr. Alfred Freer says:

I am old enough to remember M. Ricord's instructive and oft amusing lectures under the trees of the garden at the Hôpital du Midi, when he used to operate *sub die* early in the morning. At that time one could not help looking at the world through a syphilized atmosphere, and when I came to country practice I found plenty of examples of the old scourge; but for many years past I have seen less and less of syphilis, so I suppose the nymph is beginning to take up residence more exclusively in cities and large towns; or perhaps she is shy of appearing before graybeards. Her prime exhibit, the true Hunterian chancre, on which the great Ricord used to expatiate so eloquently, has almost gone from my gaze. It is a matter for national congratulation that, owing to the improvement in habits of cleanliness among the people, if not to improved morality, this disease is far less virulent than formerly even in our large centres.

Rotterine.

"Rotterine" is the awkward name given to a new antiseptic which has been devised by Dr. Rotter, and recommended for its non-toxic effect. It is composed as follows:

R	Sodii chlorid.	gr. ijs
	Zinci chlorid.,	
	" sulpho-carb.	aa gr. xlv
	Acid boric	gr. xxvij
	" salicyl.	gr. vj
	" citric,	
	Thymol.	aa gr. j
	Mix.	Dissolve in one pint of water.

The citric acid is added merely to get a clear solution of the chloride of zinc, and the thymol is intended simply to distinguish the mixture from ordinary water, which it resembles in appearance. The constituents are given in about one-tenth of the strength required to render them active singly. Combined in this way they form a mixture pos-

sessing astonishing antiseptic powers, the germicidal influence exerted being said to be greater than that of a solution of 1-1,000 of corrosive sublimate. In his first attempts, Dr. Rotter used with the above traces of corrosive sublimate and carbolic acid; but as he found the mixture quite as effective without them, he concluded they could be left out.

Microbes in Hail-Stones.

Bacteria of various kinds have been found in ice and snow; and Dr. Fontin, a Russian observer, has demonstrated that hail-stones are not free from them. He has found that the water produced by the melting of hail-stones contains, on an average, 729 bacteria per cubic centimeter. Neither yeast fungus nor mould was present, but nine different kinds of bacteria were found. As the ordinary dwelling-place of the *Bacillus mycoides*—one of the species found—is the earth, it appears that microbes of terrestrial origin may be carried up into the air, and thus rain, snow, and hail may be the direct means of conveying infection.

State Society Meetings are not Popular.

The *New York Medical Record*, August 23, says: Ohio has over five thousand doctors. About one hundred were at the late meeting of its State Medical Society. Georgia has two thousand doctors. Eighty were at the last annual meeting of the State Medical Society. New York has probably ten thousand doctors. The attendance at the State Society meetings is never counted in more than the hundreds. Perhaps if the meetings were held only once in five years the attendance would increase. But then, perhaps, the length of the papers would too. Annual meetings with a slim attendance seem preferable.

Antiseptic Liquid.

The following formula is in use in some of the hospitals and dispensaries as an antiseptic dressing:

R Boric acid	240 grains
Salicylic acid	30 grains
Water	2 pints
Dissolve.	

Fences for Malaria.

Mr. Stanley endorses the old popular notion that protection against malaria is afforded by trees, tall shrubbery, or even a high wall or close screen, around a house, between it and the wind-currents. Emin Pasha told him that he always took a mosquito-curtain with him, as he believed that it was an excellent protector against miasmatic exhalations of the night. Stanley suggests a respirator, attached to a veil or face-screen of muslin, to assist in mitigating malarious effects, for travelers in open regions. These facts tend to confirm the opinion that malarial affections are caused by microbes, which are unable to pass mechanical obstructions.

Palatable Castor-Oil Mixture.

In the following preparation of castor oil the disagreeable taste of the oil is—as investigation shows—replaced by a pleasant flavor of almonds.

R Castor-oil	30 parts
Bitter almonds	2 "
Sugar	30 "
Gum tragacanth	1/2 "
Orange-flower water	10 "
Water	120 "

Mix.

The only drawback to this mixture is that it requires a good deal of it for a dose, a teaspoonful of the oil being contained in about five teaspoonfuls of the mixture.

Experiment on a Guillotined Body.

The newspapers reported September 2, that Jacques Constant, who was sentenced to death at the Vosges Court Assizes for murder and robbery, was guillotined the day before at Epinal. Within one minute after the knife had fallen the body was handed over to Dr. Gley, Professor of Physiology of the Faculty of Paris, and Dr. Couturier, who awaited the arrival of the body in a room close to the scene of the execution. Dr. Gley stated that he was able to observe the heart beating for six minutes after he received the body, his experiments proving that the contractions of the ventricles and auricles are independent of each other. This is the first time in the history of science that such an experiment has been made on a human body. Fuller and more exact reports of this matter will be looked for with interest.

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When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

CANNABIS INDICA IN GASTRIC NEU- ROSES AND DYSPEPSIA.

Cannabis indica is a remedy which a few physicians esteem highly and use frequently, but which many scarcely ever employ. In migraine, it is true, its value is well established; but though it is very serviceable in diarrhoea, intestinal colic, dysmenorrhoea and as a stimulant to the appetite, there is reason to believe that its efficacy in these affections is not known and is seldom invoked. It is pleasant to note, therefore, that Germain Sée, the eminent French physician, whose studies of the pathology and treatment of dyspepsia have become famous, has at length made a study of this drug. In a communication to the Académie de Médecine, July 22, 1890 (*La Médecine Moderne*, July 24 and 31, 1890), Sée gives first, the pharmacology of the drug; second,

a clinical comparison of the gastric dyspepsias and neuroses, and third, the indications for using cannabis. The paper is interesting throughout, but only the third part can be reviewed at present.

Sée's experiments have been made with the oily extract, of which he gives five-sixths of a grain daily, divided into three doses, in the form of a potion. More than this, he says, exerts a toxic action. The chemical principles of cannabis, such as the tannate of cannabine and cannabinon, have given results neither precise nor favorable, doubtless because they are not the true active principles. The affections of the stomach in which the extract has been tested have been chiefly the non-organic. Sée divides them into two groups. The first comprises the chemical alterations of the gastric juice, including increased hydrochloric acidity, the most frequent condition in all dyspepsias; hyperacidity of organic acids (lactic and acetic); and absence of acidity. The second group includes the gastro-intestinal neuroses which occur without any chemical alteration of the gastric juice.

Sée finds that cannabis constantly allays the painful sensations and re-establishes the appetite in whatever condition pain and anorexia occur. If, however, they depend upon an excess of hydrochloric acid it is absolutely necessary to aid the action of cannabis by the use of large doses of bicarbonate of soda given at the end of stomachic digestion, that is to say, about four hours after food has been ingested. Cannabis exerts no influence upon atony and dilatation, except perhaps of the stomach. These conditions rarely yield unless it be to lavage and hydrotherapy. It does act favorably, however, upon spasm of the stomach and vomiting of a nervo-motor kind. Upon the production of gas it appears to have no direct influence, but by promoting eructations it exerts a useful action in expelling the gas and, still more, in stopping the pain which occurs in pyrosis resulting

from the gas evolved by fermentation. Sée finds, moreover, that stomachic digestion is favored by cannabis when it has been retarded from deficient nerve power or is painful from excess of hydrochloric acid. It effects no improvement in digestion when there is deficiency or absence of hydrochloric acid, though it may render digestion less painful.

As to the remote phenomena of gastric affections, such as vertigo, migraine, insomnia, palpitation and even dyspnoea, cannabis often removes them entirely; but it in no degree modifies the nervous dispositions which appear as hypochondria, hysteria or neuresthenia, notwithstanding these states often have their point of departure in affections of the stomach, either chemical or nervous.

From this brief *résumé* of Sée's paper it will be evident that cannabis in disorders of the stomach acts pre-eminently as a sedative; and if the observations referred to are as reliable as they appear to be, it is a sedative without the inconveniences of narcotics, such as opium and chloral, of absorbents, such as bismuth, or of such general sedatives as bromide of potassium or even of antipyrin, all of which affect digestion unfavorably. Of course the use of cannabis is not intended to replace that of other curative methods or remedies, but largely to relieve the discomforts of painful and difficult digestion and to improve the appetite, until the dyspepsia is cured.

NERVE NÆVI.

In the REPORTER, July 19, there was a short note on page 86, describing a form of skin disease recently reported under the title of "nerve nœvi." As this term opens up a subject by no means familiar to medical men in general and even to those specially acquainted with diseases of the skin, we give our readers the following summary of what is known regarding it.

The term "nerve nœvi" was given by

Theodore Simon in 1874 (*Archiv für Dermatologie und Syphilis*, vol. iv, p. 324) to a condition of the skin in which there is hypertrophy of the papillæ, thickening of the epidermis and pigmentation of the rete mucosum in a region corresponding to that of the distribution of the filaments of one or more cutaneous nerves. Other names given to the disorder are: by von Bärensprung, *nævus unius lateris*; by Gerhardt, *papilloma neuropathicum*; by Thomson, *nævus papillaris*; by H. Beigel, *papilloma area elevatum*. Simon ascribed the condition to vaso-motor and trophic changes, von Bärensprung to intra-uterine disease of the fetal spinal ganglia, von Recklinghausen to congenital neuritis leading to vaso-motor disturbances. Ziegler (*Lehrbuch der Allgemeinen und Speciellen Pathologischen Anatomie*, 6th edition, 1890, vol. ii, p. 462) describes the affection as one in which papillary, warty nœvi appear at times, in greater or smaller numbers, in the course of one or more cutaneous nerves. Von Bärensprung, in 1863, described the manifestation as unilateral, occurring in stripes, along the course of the branches of one or more spinal nerves, as a papillary hypertrophy, with the formation of more or less pigment. Kaposi (*Wiener medizinische Blätter*, June 4, 1885, p. 718) relates a case under the name of *nævus verrucosus universalis*. Recently Koren, quoted by Peterson in the *Journal of Cutaneous and Genito-urinary Diseases*, February, 1890, has published, as *ichthyosis linearis neuropathica*, a case in which ichthyosis cornea is described as occurring in brownish papillomatous stripes in the course of the median, ulnar and radial nerves of the right arm. Plenck, in his definition of nœvi included, besides spots, the changes in the skin induced by excrescences, if congenital. Von Bärensprung included among nœvi not only true congenital but all local degenerations of the skin which, once developed, do not change, but, without influencing the general health, persist.

The cases reported do not agree in all

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particulars. Some were observed at birth; others were developed later in life; the most were unilateral. A case of ichthyosis linearis neuropathica is referred to as being bilateral. There is no regularity of distribution, though as a rule this agrees with that of one or more cutaneous nerves. In one case it is described as being like that of crossed paralysis, involving the face on one side and the trunk and extremities on the other. In some of the cases recovery took place. In Geber's case (*Vierteljahrsschrift für Dermatologie und Syphilis*, 1874, vol. i, page 3), two nodules taken from the face were found to have become sarcomatous; and the patient subsequently died.

There are certain points of resemblance between the affection and ichthyosis. The latter is ordinarily congenital. Peripheral nerve lesions have been found associated with it. The disease may also be acquired as a sequel of neuritis and of injury of nerves.

This explanation is not so clear as we might wish; but it is as clear as the circumstances permit. It is presented in order that the readers of the REPORTER may know what is the present state of knowledge of the subject and with regret that medical nomenclature should be burdened with a term the definition of which is so uncertain.

ADVERTISING MEANS FOR PREVENTING CONCEPTION.

The *Medical Press*, July 30, 1890, complains that in England the announcement of a marriage or a birth is followed by confidential letters offering, in exchange for the sum of one guinea, information bearing on the means of preventing any addition to the family circle. Some months since our contemporary had occasion to call attention to the insidious circular of a certain Winkworth; and very recently a correspondent had forwarded for inspection, not only a circular from this enterprising and unscrupulous man, but also one from an Adeline Dumas,

who addresses herself to women, while the former confines his attentions mainly, if not exclusively, to men. This woman states, as an additional inducement, that her contrivance "can be used without the knowledge of the husband"—a point upon which particular stress is laid. The *Medical Press* says it will not now enter upon a discussion of the vexed question of the desirability of disseminating a knowledge of the ways and means of restricting the number of children, but must protest against this method of imparting such information.

It is curious to find so free rein given in England to the dissemination of information which ought never to be distributed except under such precautions as would occur to prudent medical men. This particular piece of information is undoubtedly of great interest to the community; and, we believe, one which with proper restrictions, may be of very great service at times; but to make it an article of merchandise, and the common property of all newly-wedded people is an indecency which might well attract the attention of the English Government.

MODERN HOMŒOPATHY.

The *Pacific Medical Journal*, September, 1890, contains the first instalment of a paper by Dr. Samuel O. L. Potter on the beliefs and practices of homœopathic physicians as indicated by their own writings. It is very interesting reading and likely to attract attention from homœopaths and regular physicians alike. It shows how wide-spread is the conviction in the ranks of homœopathic practitioners that the law of similars is not a law of universal applicability.

—To detect fecal matter in drinking water Griess recommends a feebly alkaline solution of para-diazo-benzol-sulphuric acid which, with water contaminated as indicated, will produce a yellow discoloration within five minutes.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

MINERAL SPRINGS AND HEALTH RESORTS OF CALIFORNIA, WITH A COMPLETE CHEMICAL ANALYSIS OF EVERY IMPORTANT MINERAL WATER IN THE WORLD. Illustrated By WINSLOW ANDERSON, M. D., Assistant to the Chair of Chemistry and Materia Medica, and Teacher of Chemistry in the Laboratories of the Medical and Dental Departments of the University of California, etc. 8vo, pp. xxx, 384.

The basis of the present volume was an essay read before the Medical Society of the State of California. The essay was awarded the annual prize of the Society. Its author, who is also joint editor and publisher of the *Pacific Medical Journal*, has since enlarged its scope, so that it now includes a brief treatise on balneo-therapy and climatology, and comparative analyses of the waters of the springs of California, of Europe, and other parts of America. The work contains the names of over two hundred California springs, with about one hundred analyses. Many of the latter Dr. Anderson has made in person, his labors in this field covering a period of several years. The more important springs, or perhaps it would be better to say the ones which have been most developed by commercial activity, appear to be in the vicinity of Cloverdale and Colistoga, in Mendocino and Napa counties. The geyser region is sixteen miles from Cloverdale and twenty-six from Colistoga. The author gives a vivid description of the drive by stage from Cloverdale to the geysers.

The book is rendered more attractive to the average reader by the numerous illustrations. These cannot be said to be works of art, but they are very helpful to the reader in understanding the text. The copious indexes make ready reference easy. The author is to be congratulated upon having done a great deal towards popularizing the knowledge of California's mineral springs. He seems to be justified in his belief that all that is needed to make them as serviceable as the springs of the East and of Europe is their further development and the scientific employment of their waters.

FLUSHING AND MORBID BLUSHING. THEIR PATHOLOGY AND TREATMENT. By HARRY CAMPBELL, M. D., Senior Assistant Physician and Pathologist to the North-West London Hospital. 8vo, pp. x, 270. London: H. K. Lewis, 1890.

After some preliminary remarks upon the physiology of the skin and a description of the way in which hyperemia and pallor are produced, Dr. Campbell proceeds to roughly define a flush as a nerve-storm in which a rush of blood to the skin and a sense of heat are generally the most obtrusive manifestations. A blush is distinguished from a flush by its exciting cause—some emotion. As regards the pathology of a flush, he says it belongs to a very comprehensive class of nerve-storms, closely allied to, and in fact sometimes indistinguishable from, an epileptic or a hysterical aura, and starting like them in a nervous level situated high up—possibly even in the highest level; the parts ("nervous arrangements") involved being more particularly those which represent the organic viscera—above all, the thoracic viscera.

The second part of the book is devoted to Blushing. The author seeks to justify the term "pathological" blushing, on the ground that blushing hampers the individual in his intercourse with the world, causes him to shun society, to seek solitude, and to lead the life of a recluse. He finds the great cause to be shyness, which in turn is made up of excessive self-consciousness, want of self-esteem, and undue sensitiveness to the opinion of others. A large number of secondary causes are given and illustrations in the shape of brief reports of cases are presented.

Some useful hints on treatment are found in the concluding chapter. The author speaks well of the dusting powders recommended by Tilt, which consist essentially of camphor, bismuth and starch, or camphor, oxide of zinc and starch; and also of external heat, as from hot water or by radiation from a hot stove. The most reliable internal remedies appear to be ergot, turpentine, nitrite of amyl and nitroglycerine, and iron. Dr. Campbell warns against the use of stimulants to relieve the faintness attending the flush, and says that in such cases ammonia, ether and nitro-glycerine are admirable substitutes.

The author has succeeded in writing an instructive book on emotional symptoms so common that, at first sight, it seems almost absurd to dignify them with a physiology, pathology and treatment. Those who are subject to uncontrollable blushing, however, and still more those who are distressed by flushings at the menopause are real sufferers and are extremely grateful for any relief that may be afforded them. The book is a valuable contribution to the physiology of the vaso-motor system, and those who have patients afflicted with flushing or with morbid blushing will be glad to read its pages.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. A. LIEBIG, JR., Ph. D., Assistant in Electricity Johns Hopkins University, etc., and GEORGE H. ROHÉ, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore, etc. 8vo, pp. viii, 383. Profusely illustrated. Philadelphia and London: F. A. Davis, 1890. Price, \$2.00.

The authors have divided their book into three parts. In the first part they discuss concisely the laws of electricity and magnetism, the various kinds of batteries and cells, currents, electrolysis, polarization, dynamos and motors, and storage electricity. The second part is devoted to electro-physiology, electro-diagnosis, and electro-medical apparatus. The third part is taken up with general therapeutic effects of electricity, and methods of application of electricity, and with special electro-therapeutics.

The plan of the book is excellent, and the subject-matter well selected and presented in a clear, straightforward manner. The authors appear to have made an earnest effort to be practical, and to give the physician just the kind of knowledge he will require, to understand the application of electricity to medical purposes. In this they have achieved marked success.

A NEW UNIVERSITY IN FRANCE.—The General Council of the Haute-Garonne has drafted a petition for the establishment of a university at Toulouse, and the mayor of that city has opened a subscription list for the benefit of a medical faculty to be attached to the university.

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NEW REMEDIES AND APPLIANCES.

In this department, notice will be given of Remedies, Food Articles, and Instruments or Surgical Appliances of which specimens are sent to the Editor; it will bear the same relation to these articles that the department of Book Reviews now does to books.

Ale and Beef.

We have received from the Ale and Beef Company, of Dayton, Ohio, specimens of their ale and beef, which proves to be a very pleasant preparation of these ingredients. The ale is of fine flavor and good keeping qualities, and the addition of peptonized beef increases its nutritive properties. We can speak of its satisfactory employment in one case of phthisis, and one of general debility. It has also acted very advantageously as a hypnotic. It has made a very favorable impression, and we think it an article which will justify the hopes of those who look to it for aid in promoting general nutrition, and as combining a mild alcoholic stimulation with the tonic and soothing effects of hops.

Compressed Antiseptic Pastilles.

French, Richards & Co., send samples of compressed pastilles made after the formula of Dr. Carl Seiler, for use in making a spray or wash for the throat or nose. One of these pastilles, dissolved in four tablespoonfuls of water, may be used as Dobell's solution would be. They are exceedingly convenient to prescribe or to dispense, and are a valuable addition to the medicinal armamentarium of physicians.

CORRESPONDENCE.

Disinfection with Lime.

TO THE EDITOR.

Sir: In the REPORTER of August 30 there is a translation from the *Revue Medicale* on the "Disinfection of Stools with White-wash." I have used slacked lime to destroy the germs in stools and urine for a number of years, and have more confidence in it than in many of the much-vaunted disinfectants. Lime in excess will destroy soil, and when the soil is once destroyed by lime it will not for years promote and sustain vegetation. Farmers, knowing this so well, always put their lime pile in the same place.

My method is to slack a lump of lime and add enough water to keep it very thick. To each evacuation from the bowel or bladder I add a quart or more of the lime, mix it thoroughly, let it stand for two or three hours and bury it a safe distance from the water supply. I am satisfied that if enough lime is added to the feces and urine the germs will be destroyed and the danger from infection averted. Practically, the results in my hands have been satisfactory. Let our *savans* test it, and report pro or con.

I am at present engaged in writing an article on "How to Succeed in the Practice of Medicine," and will be greatly obliged to all who read this to write me their views on this subject.

Yours truly,

J. B. CARRELL, M. D.

Hatboro', Pa.

NOTES AND COMMENTS.

Treatment of Syphilis of the Nervous System.

In a paper read before the Neurological Section of the Tenth International Medical Congress at Berlin, and published in abstract in the *Medical Press*, August 6, 1890, Dr. Julius Althaus, of London, laid down the following rules: The prophylactic treatment of nerve-syphilis he considered highly important, seeing that the group of maladies in question belongs to the gravest diseases with which we have to contend in practice, having no tendency to spontaneous improvement or cure, but a strong drift towards deterioration and death; and being, even if judiciously treated, extremely liable to sudden and severe relapses. He divided prophylactic treatment under two heads, and recommended the excision of the primary sore wherever this is practicable, to destroy the virus in the beginning, or at least to greatly attenuate it; and a mercurial treatment for about three months from the appearance of secondary symptoms. According to his experience, mercury efficiently given at this stage acts as a true germicide, leaving the patient's constitution uninjured to such an extent as if he had never had the disease.

If no such treatment has been followed, there is in any case the possibility, and when there exists a neurotic tendency even a great probability of the nervous system

eventually becoming affected; more especially where such exciting causes as anxiety, grief and excitement, fatigues and privations, exposure to wet and cold, injuries to the head, alcoholic and sexual excesses, and hard intellectual work, come into play. Dr. Althaus finds that a neurotic tendency existed in more than half of his cases, and recommends bracing up the nervous system of patients who have had syphilis, after the mercurial course is finished, by every means in one's power, so as to enable them to resist any inroads of the disease on that system.

For the curative treatment of nerve-syphilis he considers the periodical and long-continued hypodermic injection of small doses of a non-irritant insoluble preparation of mercury the most important remedy. He passed in review the several modes of employing the metal which have hitherto been in use, and recommends what he terms "the carbolyzed mercurial cream," a preparation which consists of metallic mercury rubbed up with lanoline, and afterwards mixed with a certain proportion of carbolyzed oil. He described the pharmacological properties of this preparation, claiming for it the following advantages:—Perfect homogeneity of the mass; great stability; painless injection; absence of swellings and abscesses; great efficiency in truly specific lesions; and absence of the risk of stomatitis and dysentery, if a certain dose is not exceeded. Dr. Althaus then gave his opinion about the therapeutical value of iodide of potassium, general tonics, the constant galvanic current, which latter he considers the most important remedy for secondary ordinary lesions and for relieving certain distressing symptoms; and on the application of cold and other agents in the treatment of nerve-syphilis. He concluded his paper with expressing the hope that the prognosis of these affections in general will eventually become more favorable in proportion as the principle of treatment is better understood and more energetically carried out in the beginning of the malady.

Rupture of Rectum.

Dr. George R. Fowler, of Brooklyn, reports in the *Annals of Surgery*, August, 1890, a remarkable case of rupture of the rectum with the Petersen "balloon," during a supra-pubic lithotomy. After discussing

the occurrence and mentioning the fact that the patient died in a few hours, Dr. Fowler says the quantity of water used to distend the rectal colpeurynter was rather below than above the average employed by surgeons. In fact, two ounces less than the minimum quantity mentioned by leading writers as necessary to attain the object of the distension was employed in this case. Cadge, in the course of a discussion on supra-pubic lithotomy before the Royal Medical and Chirurgical Society, at the meeting of March 30, 1886, relates a case in which he introduced 18 ounces of fluid in the rectal bag for the purpose of a supra-pubic lithotomy. When the bag was removed from the rectum a teaspoonful of blood followed, and then Cadge's suspicions were aroused. The patient went on very well for the first few days, when symptoms of suppression of urine arose. The patient died, and at the autopsy it was found that a rupture of the upper part of the rectum, between it and the bladder wall, had taken place. Advanced renal disease was also present.

M. Nicaise, at a meeting of the Société de Chirurgie of Paris, October 3, 1888, relates the following case: Patient, 65 years old, admitted for vesical calculus, which had produced chronic lesions of the urinary apparatus. Several lithotrities had been performed without relief, supra-pubic lithotomy was decided upon. Operation apparently successful for first eight days, when vague and indefinite symptoms occurred. Death took place on the fifteenth day following the operation, without any evidence of peritonitis or other complication to account for the lethal exit. At the autopsy a rupture of the anterior wall of the rectum was found. This did not extend into the peritoneal cavity or bladder. There was considerable induration of the recto-vesical region corresponding to the site of the rupture. The rectal bag had been filled with ten and one-half ounces of water and the bladder had been distended with eight and one-half ounces of fluid.

The condition of the rectal wall is worthy of attention. There can be no question concerning the resistance to rupture which the rectal wall offers under normal conditions. But the altered conditions incident to senility, combined with the degenerative change which the surrounding parts are known to undergo in chronic vesical disease, are precisely of a character to favor the occurrence of the accident under consideration. In the case herewith reported

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this was strikingly illustrated by the circumstances attending the rupture and the state in which the rectal wall was found, both at the operation and the autopsy. It may likewise be suggested that the particular operative procedure attempted, namely, intra-peritoneal cystomy, may have contributed to the occurrence of the accident; the support which the rectal walls receive from intra-abdominal pressure being lessened by the incision in the walls of the abdomen.

There are only two recorded instances of rupture of the rectum, prior to my own, occurring during an attempt to perform suprapubic opening of the bladder. There are several references made to other cases, but these cannot be authenticated. Prof. Keyes, of New York, quotes the case of Nicaise and then remarks that four or five other instances of this accident have occurred in France. It has been impossible to find any other reference to these cases except in the course of some remarks by Anger, in the discussion upon Nicaise's paper, above referred to, and which is reported in connection with the latter. Anger says: "The case of M. Nicaise is the fourth or fifth of the same kind; I have therefore rejected the use of Peterzen's balloon." A most thorough and extended search in the library of the Surgeon-General's office, including the proof-sheets of the forthcoming number of the *Index Catalogue* (vol. xi), having proved fruitless, Dr. Fowler concludes that either M. Anger has not been properly reported, or else the cases which he referred to had come to his knowledge through channels other than the ordinary ones of information through publication.

Olive Oil and Gall-Stones.

In a brief paper read before the Medical Society of North Carolina, and published in the *North Carolina Medical Journal*, August, 1890, Dr. Thos. S. Burbank denies the value of giving olive oil with an idea of expelling gall-stones. He says:

The relief given by the administration of large doses of sweet oil in hepatic colic and the subsequent passage of dark green masses led early observers to relegate a specific action to this remedy in causing the expulsion of gall-stones.

At this time the physiological action of remedies was but little known and chemical analysis supplemented by visual observa-

tion; therapeutical investigation, in the hands of empiricists, resulted in each remedy having a selective and specific action ascribed; consequently they thought the masses found in dejections after large doses of sweet oil resembling gall-stones were gall-stones. Later investigators, finding these masses after giving the oil, and discovering that the diffusion of fat was accomplished by the bile, that fats were colloidal substances, therefore possessing feeble power of osmosis, that oil would pass through a membrane moistened with bile with great facility, and that the blood of the portal vein was by far richer in fat than the blood of arteries and systemic veins, thought the oil had a selective action for the liver and that the masses were gall-stones.

The chief chemical constituent of human gall-stones is cholesterin, other constituents are the bile pigments, either by themselves or in combination with lime and very small quantities of the bile acids also in combination with lime, their color varies from white to black. Cholesterin crystallizes from gall-stones after solution in boiling alcohol. The chief chemical constituents of the masses are soap and oil, other constituents, bile pigments and very small quantities of cholesterin, their color is dark green. Cholesterin crystallizes from masses by first evaporating to dryness and pulverizing, treating with ether, filtering and evaporating, adding solution of caustic potash, washing on filter with distilled water, drying and again adding ether, evaporating and dissolving in boiling alcohol.

The ease with which we obtain cholesterin from gall-stones and the quantity they contain (70 to 80 per cent.) and the difficulty encountered in obtaining it from the masses, and the quantity they contain (less than 1 per cent.) prove conclusively that the masses are not gall-stones; and the palpation of the abdomen of a patient, with thin walls, who has taken large doses of sweet oil for hepatic colic, reveals gall-stones in gall-bladder.

Orexin.

In regard to orexin, which has been spoken of a number of times recently in the *REPORTER*, Dr. Ed. Reichmann, in the *Deutsche Medicinische Wochenschrift*, July 31, 1890, reports the results of its use in the form of the chloride, as a stomachic tonic. The drug was administered to thirty-

six patients, in doses of slightly less than four grains, once or twice daily, or of less than eight grains at a single dose, in gelatin capsules or Japanese vegetable paper, followed by liberal quantities of fluid. In five cases, one of chronic exudative pleurisy, one with emphysema and hyperacidity and three with multiple sclerosis, distinct improvement of appetite followed without unpleasant complications. In eleven others: five of phthisis, two with chlorosis, three with dyspepsia without profound structural disease and one with carcinoma of the stomach, the results, though not quite so good were yet satisfactory, as there was a moderate improvement of the appetite. In the remaining twenty cases: seven of phthisis, two of uropoietic tuberculosis, two of carcinoma, four with chronic dyspepsia, two with hypersecretion, one of hypochondriasis, one with empyema and one of phthisis and morphinism, there was no improvement of appetite or but slight and insufficient improvement which soon disappeared, or the results were indefinite. In nine of these only two small doses, in one a single large dose was taken. This last patient vomited immediately after taking the medicine. One patient with empyema complained of nausea which was not aggravated by a second dose. In the other cases the secondary manifestations were slight, consisting in a sensation of burning in the cesophagus or stomach. The patient with hypersecretion complained of pains in the abdomen, probably due to excessive secretion of acid. In six cases, examination of the contents of the stomach was made, after the ingestion of orexin. An increase in the amount of hydrochloric acid was found in most instances.

Development of the Hymen.

In an article in the *Archiv. für Gynäcologie*, abstracted in the *American Journal of the Medical Sciences*, June, 1890, Schæffer has made a careful study of the development of the hymen, based upon the examination of the genitalia in nearly two hundred fetuses. He found that in every instance the hymen, as early as the fifth month, was composed of two lamellæ, the inner being derived from the vagina, the outer from the folding in of the vulva. In many cases the two layers coalesced, but they sometimes remained distinct until birth, though seldom later. The foetal hymen had on its inner

(or upper) surface transverse folds similar to those in the vagina; between the folds small pockets were often formed, from which cysts of the hymen might form. Certain irregularities in the distribution of these folds account for the hymen crenelatus, dentatus, carinatus, falciformis, etc. On the outer surface of the fetal hymen numerous folds were found, which extended from the fossa navicularis, nymphæ, clitoris and meatus. Schæffer summarizes the arguments in favor of the bilamellar origin of the hymen as follows: 1. In over one-fourth of the specimens the lamellæ were clearly demonstrated; 2. The outer lamella was proved to be developed from the folds which radiated from the region of the vestibule; 3. Various stages in the union of the two lamellæ were observed; 4. The outer lamella had the same color and epithelial covering as the vestibule, the inner that of the vaginal mucosa.

Insane Men at Base-ball.

A number of patients from the Friends' Asylum for the Insane in Philadelphia were taken recently to witness a base-ball game. They enjoyed the antics of the players and imagined that they were visiting another institution for incurables. They expressed sympathy for the hallucinations which beset the poor creatures who jumped, danced, ran forward and backward, and slid on the ground so frantically.

Since their visit it is said the patients have much improved, and the *Philadelphia Record* says it may yet come that ball grounds all over the country will have places on the grand stand set apart for this class of visitors, and that those interested in the care and treatment of the insane will take their patients to witness the games as a curative by comparison.

Theine for Neuralgia.

Dr. J. K. Bauduy places great reliance on subcutaneous injections of theine in cases of obstinate neuralgia. In one case of sciatica which had resisted the ordinary medical treatment and galvanism, he obtained a brilliant cure by injecting one-quarter grain of theine and rapidly increasing the dose on successive days to one-half grain. Equally effective was theine when exhibited in a case of supra-orbital neuralgia. Further trial is

recommended. It should be noted that theine is now held by some observers not to be identical with caffeine. — *Druggists' Circular*, September, 1890.

Cevadilla Alkaloids.

Mr. E. Merck has isolated two new bases from cevadilla seeds, and is now engaged in their examination. Both alkaloids are crystallizable and yield crystalline salts. One alkaloid is in white crystals soluble in chloroform and alcohol, but less soluble in ether. The crystals run together at about 230°C ., but are only fully melted at about 240°C . The nitrate of the same crystallizes very well, and dissolves only with great difficulty in water and alcohol. The second alkaloid crystallizes from ether in soft needles, which are freely soluble in alcohol and chloroform, but not so easily in ether. Its melting point is $214\text{--}215^{\circ}\text{C}$. The nitrate of this alkaloid crystallizes well, dissolves fairly easily in water, but only with difficulty in alcohol. Neither of the alkaloids is sternutatory, so that they differ from veratrine, and they are not precipitated by ammonia in the cold, although on heating the ammoniacal solution the free bases are precipitated in an amorphous form. — *Chemist and Druggist*, August 23, 1890.

Local Anæsthesia.

For the purpose of producing local anæsthesia a spray composed of ten parts of chloroform, fifteen parts of sulphuric ether and one part of menthol is very effective. After one minute's application of this spray complete anæsthesia of the skin and neighboring tissues is obtained, which lasts from two to six minutes, and suffices for the performance of such minor operations as opening abscesses of the cervical glands, incising a deeply-seated whitlow, and the excision of an epithelioma of the nose. In all the cases in which Dr. Dobisch, of Zwittau, who recommends this method, employed the spray above mentioned the wounds healed satisfactorily.

Trephining Under Hypnotism.

The *St. Louis Medical and Surgical Journal*, August, 1890, says that Dr. A. B. Shaw trephined a man in that city on May 15, 1890, while the subject was under hypnotic influence. The case was one of traumatic

epilepsy, Jacksonian convulsions and hemiplegia existing. Dr. Benno von Steinmetz hypnotized the patient, and the operation was successfully performed before quite a large number of physicians at St. Mary's Infirmary. The operation lasted one hour. Chloroform or ether could not be administered with safety on account of the heart and kidney lesions which existed. This case is one which seems to be unique.

Colorless Iodine.

The *Popular Science News*, July 1, 1890, calls attention to the fact that iodine solution bleached by the addition of ammonia makes a solution of iodide of ammonium possessing none of the characteristic properties of iodine itself. Colorless iodine is said to be in considerable demand; but it contains no active iodine at all, and is evidently the invention of some druggist or physician with more ingenuity than chemical knowledge. The possibility of the formation of the violently explosive iodide of nitrogen is a point of positive danger in its manufacture, to say nothing of its valueless properties as a counter-irritant.

Treatment of Menstrual Colic.

In the griping and colic which precedes or accompanies the menstrual flow in women suffering with dysmenorrhœa, the following will be found serviceable:

R Ammonium acetate ʒ iss
Morphine hydrochlorate gr. i
Syrup of orange peel f ʒ ss
Infusion of peppermint, q. s. ad . . . f ʒ iv

M. Sig. From a dessert to a tablespoonful, repeated as often as necessary up to four doses in one hour, or until symptoms of narcosis show themselves. Under violent suffering, morphine is tolerated in much larger doses than can be given under ordinary circumstances.

—*National Druggist*, July 15, 1890.

Woman Hospital Physician in Brussels.

The *Münchener Medicinische Wochenschrift*, July 22, 1890, states that the directors of the city hospitals of Brussels have for the first time elected a female physician. Fräulein Everaert, who passed with distinction the medical examinations at the University of Brussels, has been appointed assistant physician to the hospital St. Jean.

NEWS.

—Dr. James E. Rogers was shot and killed near Alexander, North Carolina, on September 10.

—A case of death from what was diagnosed as hydrophobia occurred in Philadelphia on September 8.

—Dr. G. Betton Massey has removed his Offices and Sanitarium to 212 South Fifteenth Street, Philadelphia.

—The cholera continues with moderate force in Egypt and in Spain; but the cases are far from numerous enough to make a severe epidemic in either country.

—Dr. John Carson, of Blairsville, Pa., was arrested and taken to Indiana, September 5, where he is charged with infanticide. The woman alleges that by his brutality he killed her child just after it was born.

—It was telegraphed from Berlin, September 12, that Koch claims that he has discovered a method of curing consumption by inoculation and was about to commence experiments on human patients who are suffering from tuberculosis.

—A young woman was bitten at Plainfield, September 11, by a dog. She was taken to the Pasteur Institute in New York, where for fifteen days she will be inoculated three times daily with virus, to counteract that received from the dog. Dr. Gibier declared the dog was in an advanced stage of rabies because its stomach was full of foreign bodies.

—It is reported that Dr. Henry Muirhead, late President of the Glasgow Philosophical Society, has bequeathed the sum of \$125,000 for the erection and endowment of a college, which shall be devoted entirely to the instruction of women in medicine, surgery, dentistry, electricity and chemistry. It is said that some of the professional chairs, at least, will be filled by men.

—The Commissioners of Charities and Correction have resolved to investigate the management of the Blackwell's Island Hospital, and a general investigation of the affairs of the penitentiary is not improbable. The Grand Jury made a report on September 12, censuring the officials of Blackwell's Island and condemning their management of the institutions located there.

—Hunger typhus has been raging violently in upper Silesia, despite the earnest protests of the Burgomasters, which were

cabled over the world September 9, in the form of a denial. The denials of the Burgomasters are said to have been for the purpose of concealing the terrible poverty that is prevailing. Hundreds of families were almost starving and are threatened with the disease, the real cause of which was the exorbitant price charged for meat and flour.

—The *Daily News*, of Chicago, on September 11 published an affidavit by an employé of a slaughtering firm employed by the State Live Stock Board to kill and put into the rendering tank all lumpy-jaw cattle which reached the stock yards. The affiant declares that the employés constantly outwitted the Health Officers and succeeded in smuggling large quantities of the diseased meat out of the house; that it was done by order of the firm, and that the employés were paid extra for it. It seems that the diseased meat was sold in the poorer districts of Chicago.

—The bill to prevent the sale of adulterated or impure milk, which was defeated in the Common Council of Philadelphia, before the summer holidays, was passed September 11 by a vote of seventy-three to sixteen. The ordinance provides that no milk shall be sold in the city of Philadelphia that contains less than twelve per cent. of milk solids, and also provides for a system of inspection and for the punishment of the offenders. The Board of Health has advocated such a measure for years and repeatedly sent communications to Councils urging the necessity of action to prevent impure and adulterated milk being sold in the city.

—At a meeting of the New York State Commission on Lunacy, September 3, the State was divided into insane-asylum districts, in accordance with the provisions of the State Care of Insane act, passed at the last session of the Legislature. The districts proposed are as follows, each comprising from six to ten counties: Utica District, Hudson River District, Middletown District, Willard District, Binghamton District, St. Lawrence District and Buffalo District. Until such time as the State assumes full charge of the insane, the various counties will be required to pay for their own insane at the rate of \$4.25 per week for all patients kept in hospital for three years or less, and \$2.50 per week for those maintained for any period exceeding three years.